



Updated Interim Domestic Infection Control Guidance in the Health Care and Community Setting for Patients with Suspected SARS

The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have received reports of patients with severe acute respiratory syndrome (SARS). The cause of these illnesses is unknown and is being investigated. Some close contacts, including health care workers, have developed similar illnesses. In response to these developments, CDC is issuing revised interim guidance concerning infection control precautions in the health care and community setting. To minimize the potential for transmission, these precautions are recommended, as feasible given available resources, until the causative agent is isolated or the epidemiology of illness transmission is better understood.

For all contact with suspect SARS patients, careful hand hygiene is urged, including hand washing with soap and water; if hands are not visibly soiled, alcohol-based handrubs may be used as an alternative to hand washing.

Access <http://www.cdc.gov/handhygiene> for more information on hand hygiene.

For the *inpatient* setting:

If a suspect SARS patient is admitted to the hospital, infection control personnel should be notified immediately. Infection control measures for inpatients (<http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>) should include:

- Standard precautions (e.g., hand hygiene); in addition to routine standard precautions, health care personnel should wear eye protection for all patient contact.
- Contact precautions (e.g., use of gown and gloves for contact with the patient or their environment)
- Airborne precautions (e.g., an isolation room with negative pressure relative to the surrounding area and use of an N-95 filtering disposable respirator for persons entering the room)

If airborne precautions cannot be fully implemented, patients should be placed in a private room, and all persons entering the room should wear N-95 respirators. Where possible, a qualitative fit test should be conducted for N-95 respirators; detailed information on fit testing can be accessed at <http://www.osha.gov/SLTC/etools/respiratory/oshfiles/fittesting1.html>. If N-95 respirators are not available for health care personnel, then surgical masks should be worn. Regardless of the availability of facilities for airborne precautions, standard and contact precautions should be implemented for all suspected SARS patients.



For the *outpatient* setting:

If possible, suspect SARS patients, on arrival to the outpatient or ambulatory setting, e.g., clinic or Emergency Department (ED), should be evaluated in a separate assessment area to determine if they meet the case definition for suspected SARS and require isolation. A surgical mask should be placed on the patient if possible.

All health care personnel should wear N-95 respirators while taking care of patients with suspected SARS. Precautions should be used when evaluating or transporting patients (e.g., emergency medical technicians), or in any ambulatory healthcare setting (e.g., ED or clinic personnel). If N-95 respirators are not available, surgical masks should be worn by personnel.

For *home or residential* setting:

Placing a surgical mask on suspect SARS patients during contact with others at home is recommended. If the patient is unable to wear a surgical mask, it may be prudent for household members to wear surgical masks when in close contact with the patient.

Case Definition for suspected Severe Acute Respiratory Syndrome (SARS)

Health care personnel should apply appropriate infection control precautions for any contact with patients with suspected SARS. The case definition for suspected SARS is subject to change, particularly concerning travel history as transmission is reported in other geographic areas; the most current definition can be accessed at <http://www.cdc.gov/ncidod/sars/casedefinition.htm>.